

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

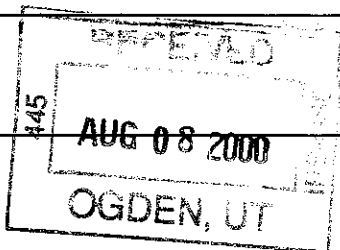
1 Name of organization Carey Baker Campaign		Employer identification number Applied for
2 Mailing address (P.O. Box or number, street, and room or suite number) 4275 Chalet Drive		91-2066631
City or town, state, and ZIP code Mt. Dora, Florida 32757		
3 E-mail address of organization CLBaker097@aol.com		
4a Name of custodian of records Carey Baker	4b Custodian's address 4275 Chalet Drive Mt. Dora, Florida 32757	
5a Name of contact person Lori Baker	5b Contact person's address 4275 Chalet Drive Mt. Dora, Florida 32757	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Campaign for Florida State House of Representatives - District 25

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN **Appld. for**
OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Carey Baker Campaign	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 4275 Chalet Drive	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Mt. Dora, Florida 32757	5b City, state, and ZIP code
	6 County and state where principal business is located Lake County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Carey Baker	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ |
| <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Plan administrator (SSN) _____ |
| <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard | <input type="checkbox"/> Other corporation (specify) ► _____ |
| <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) | |
| <input checked="" type="checkbox"/> Other (specify) ► Political campaign | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input checked="" type="checkbox"/> Other (specify) ► Political campaign

10 Date business started or acquired (month, day, year) (see instructions) N/A	11 Closing month of accounting year (see instructions) N/A
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► Political campaign

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►

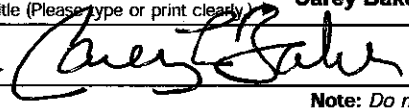
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) **Carey Baker**

Signature ►  Date ► **7-29-00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo. _____	Ind. _____	Class _____	Size _____	Reason for applying _____
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Elect **CAREY
BAKER**

FOR STATE HOUSE OF REPRESENTATIVES, DISTRICT 25

Qualified to serve. Dedicated to service.

July 29, 2000

Internal Revenue Service Center
Ogden, UT 84201

To Whom it May Concern:

I have enclosed a form 8871 which is required of all political campaigns expecting contributions of \$25,000 or more. The form is complete except for the EIN. An EIN has been requested via fax and I am enclosing a copy of that request form.

Please advise me if I need to send any additional information.

Sincerely,



Carey Baker

4275 Chalet Drive • Mount Dora, Florida 32757
Phone: (352) 735-4513 • Email: CLBaker097@aol.com

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